MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07913

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne County Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Baby (Middle) Girl (Last) Anthony
4. DATE OF DEATH: (Month) Aug. (Day) 7 (Year) 1949

5. SEX: female | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single | 8. DATE OF BIRTH: Aug. 7, 1949 | 9. AGE last birthday: yrs. | If under 1 year: Months Days | If under 24 hrs.: Hours Min. 9

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none | 10b. KIND OF BUSINESS OR INDUSTRY: none | 11. BIRTHPLACE (State or foreign country): zKent Co. Maryland | 12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Wm. Anthony III
14. MOTHER'S MAIDEN NAME: Marlyn Whanand

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT: Mrs. Wm. Anthony II

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Prematurity - 30 weeks gestation
761.5 Antecedent cause(s)
160C Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Premature separation of placenta
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Caesarian section (delivery by)

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-7, 1949, to 8-7, 1949, that I last saw the deceased alive on 8-7, 1949, and that death occurred at 9:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Robert Warr M.D. Chestertown 8-8-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: Aug. 8, 1949 | NAME OF CEMETERY OR CREMATORY: Chester Cem. | LOCATION (City, town, or county) (State): Chestertown, Md.

DATE REC'D BY LOCAL REG. 8/8/49 | REGISTRAR'S SIGNATURE: Clara S. Barnes.
24. FUNERAL DIRECTOR: J. Willis Wells - Chestertown, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 10 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07914

Reg. Dist. No. 203

1. PLACE OF DEATH: COUNTY Rock Hall Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Rock Hall
LENGTH OF STAY (In this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Greys Inn

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall Rural
STREET ADDRESS (If rural, give location) Greys Inn.

3. NAME OF DECEASED (Type or Print) (First) Sadie (Middle) Bertha (Last) Bentley

4. DATE OF DEATH (Month) August (Day) 27 (Year) 1949

5. SEX fem

6. COLOR OR RACE col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed

8. DATE OF BIRTH 3/2 1880

9. AGE last birthday 69 yrs. If under 1 year Months — Days — If under 24 hrs. Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Rock Hall, Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Simon Smith

14. MOTHER'S MAIDEN NAME not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT daughter Mamie Cooper

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chron Endo-Myocarditis, Decompensation

443 Antecedent cause(s)

92d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension, Arteriosclerosis

(c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) — m.

INJURY OCCURRED While at Work ☑ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 6/14, 1948, to 8/27, 1949, that I last saw the deceased alive on 8/25, 1949, and that death occurred at 2:00 P m., from the causes and on the date stated above.

SIGNATURE Albert A. Burgard (Degree or title) M.D. ADDRESS Rock Hall, Md DATE SIGNED 8/29/49

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) burial. DATE Aug 30-49 NAME OF CEMETERY OR ~~CREMATORY~~ Sharptown LOCATION (City, town, or county) Rock Hall Kent (State) Md.

DATE REC'D BY LOCAL REG. 8/29/49 REGISTRAR'S SIGNATURE S. Elwood Burgess

24. FUNERAL DIRECTOR Asbury Henry ADDRESS Chestertown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

17915

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown; LENGTH OF STAY (in this place) MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne's County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Kent; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown (Rural); STREET ADDRESS (If rural give location) Quaker Neck R.F.D. #3

3. NAME OF DECEASED (Type or Print): (First) Levi (Middle) (Last) Brown

4. DATE OF DEATH: (Month) Aug. (Day) 13, (Year) 1949

5. SEX: male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed

8. DATE OF BIRTH: Nov. 11, 1871

9. AGE last birthday: 77 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Kent Co. Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Levi Brown

14. MOTHER'S MAIDEN NAME: Georganna Griffin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: no

17. INFORMANT: Kent & Queen Co. Hosp. Chestertown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Obstruction

420.1

Antecedent cause(s)

93d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocarditis - Arteriosclerosis

(c) Amputation Right Leg for Gangrene

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Aug. 8. 1949

19b. MAJOR FINDINGS OF OPERATION: Gangrene, Right Leg

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 4th, 1949, to Aug. 13, 1949, that I last saw the deceased alive on Aug 12, 1949, and that death occurred at 7:20 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Ralph Hall M D Chestertown, Maryland 8/13/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: Aug. 16, 1949 | NAME OF CEMETERY OR CREMATORY: Pomona (col.) Cem. | LOCATION (City, town, or county) (State): near- Chestertown, Md.

DATE REC'D BY LOCAL REG. Aug. 15-1949 | REGISTRAR'S SIGNATURE: Clara L. Barnes.

24. FUNERAL DIRECTOR: J. Willis Wells - Chestertown, Md. ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
AUG 17 1949
BUREAU V. S.

Evidence for change of age is on:

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FILM No. G 121 AUG -9 1949 FOR MEDICAL EXAMINERS

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Kent; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Betterton
LENGTH OF STAY (In this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Penn. COUNTY Unknown
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Philadelphia
STREET ADDRESS (If rural, give location) 3341 Belgrade St.,

3. NAME OF DECEASED (Type or Print): (First) Dennis (Middle) Francis (Last) Fern

4. DATE OF DEATH: (Month) Aug. (Day) 7 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Nov. 16, 1905

9. AGE last birthday: ~~44~~ 43 yrs. If under 1 year: Months ___ Days ___ If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Compositer on Paper

10b. KIND OF BUSINESS OR INDUSTRY: Newspaper

11. BIRTHPLACE (State or foreign country): Penn

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Dennis Fern

14. MOTHER'S MAIDEN NAME: Mary Richardson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 179-05-2385

17. INFORMANT: Francis Flannagan, Undertaker, Phila. Penna

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Drowning	Immediate
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Probably Accidental	
	(c)	

929.9
183

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH: None

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Pub. place. (CITY OR TOWN) nr. Betterton (COUNTY) Kent (STATE) Md.

TIME OF INJURY: (Month) Aug. (Day) 3 (Year) 1949 (Hour) ___ m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? drowned.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Paul Hines M.D. ADDRESS Deputy Medical Exam. Kent Co Md. Chestertown Md. DATE SIGNED Aug. 3. 1949

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF Aug. 8, 1949; NAME OF CEMETERY OR CREMATORY St. Dominico Cem.; LOCATION (City, town, or county) Phila. Penna. (State) Phila. Co.

DATE REC'D BY LOCAL REG. Aug. 3-1949; REGISTRAR'S SIGNATURE Clara L. Barnes.

24. FUNERAL DIRECTOR: J. Willis Wells ADDRESS Chestertown, Md.

VS. A15A

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AUG 5 1949
BUREAU V. S.

07917

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 200

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Galena
LENGTH OF STAY (in this place) 3 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Delaware COUNTY New Castle
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newark
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Sarah (Middle) Ann (Last) Garrett

4. DATE OF DEATH (Month) August (Day) 25 (Year) 1949

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M
8. DATE OF BIRTH March 15 1886
9. AGE last birthday 63 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) New Castle County Del
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME John Slack
14. MOTHER'S MAIDEN NAME Annie E. Legates

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO.
17. INFORMANT Benjamin H Garrett

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	Instantaneous
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(b) Chr. myocarditis and myocardial degeneration	2 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1949, to Aug. 19, 1949, that I last saw the deceased alive on Aug. 19, 1949, and that death occurred at 5:10 P.m., from the causes and on the date stated above.

SIGNATURE Theodore F. Paprocki (Degree or title) MD. ADDRESS Galena Md DATE SIGNED 8-25-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug. 28, 1949
NAME OF CEMETERY OR CREMATORY Welch Track
LOCATION (City, town, or county) New Castle Co. (State) Del.

DATE REC'D BY LOCAL REG. Aug. 26, 1949
REGISTRAR'S SIGNATURE Elizabeth J. Mulford
24. FUNERAL DIRECTOR R. T. Jones ADDRESS Newark Del

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

1

VS. A15

RECEIVED
SEP 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07918

CERTIFICATE OF DEATH

Reg. Dist. No. 200

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Kent; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Massey; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Kent; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Massey; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) WILBERT (Middle) (Last) GROVES

4. DATE OF DEATH: (Month) Aug. (Day) 24 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: March 10 1892

9. AGE last birthday: 57 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Labor

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Eugene Hoover

14. MOTHER'S MAIDEN NAME: Francis Lawrence

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) unknown (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT: Alberta Hall Millington Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Congestive Heart Failure + Acute Pulmonary Edema	4 Hrs
421.4 Antecedent cause(s)		
92d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Became sick while fishing Died (inside)	9 hours
	(c) Chr. Endocarditis	3 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 24, 1949, to Aug 24, 1949, that I last saw the deceased alive on Aug 24, 1949, and that death occurred at 7 P m., from the causes and on the date stated above.

SIGNATURE Merritt Brice (Degree or title) ADDRESS Millington Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE aug. 27, 1949; NAME OF CEMETERY OR CREMATORY Valley Rock; LOCATION (City, town, or county) Near Millington (State) Md.

DATE REC'D BY LOCAL REG. Aug. 26, 1949; REGISTRAR'S SIGNATURE Edward Fellows

24. FUNERAL DIRECTOR Edward Fellow ADDRESS Millington Md.

VS. A15

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SEP 2 1943
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 203

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Kent — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall Md; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Laura (Middle) May (Last) Hogans

4. DATE OF DEATH: (Month) August (Day) 26 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: August 1873

9. AGE last birthday: 76 yrs. If under 1 year: Months 3 Days 2 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Rock Hall Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jacob R. Ashley

14. MOTHER'S MAIDEN NAME: Susie Amanda Heaney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: no

17. INFORMANT: Emory Hogans

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Pancreas — Interval Between Onset and Death: 6 months

157 / 46g Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Metastases of Bladder — —

(c) and Meninges —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Terminal Uremia — 5 days

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: INJURY OCCURRED While at Work ☐ Not While At work ☐: HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19..47, to Aug 26, 19..49, that I last saw the deceased alive on Aug 26, 19..49, and that death occurred at 9:45 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Frank W. Smith — ADDRESS: Centreville Md — DATE SIGNED: Aug 29 49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 8/29/49 — NAME OF CEMETERY OR CREMATORY: Wesley Chapel — LOCATION (City, town, or county) (State): Rock Hall Md. Md.

DATE RECD BY LOCAL REG. 8/29/49 — REGISTRAR'S SIGNATURE: S. Elwood Bragg — 24. FUNERAL DIRECTOR: Edgar L. Lane — ADDRESS: Church Hill Md

RECEIVED
SEP 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07920

CERTIFICATE OF DEATH

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown | LENGTH OF STAY (in this place): all Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown
STREET ADDRESS (If rural give location): Water

3. NAME OF DECEASED (Type or Print): (First) Nellie (Middle) Barwick (Last) Jefferson

4. DATE OF DEATH: (Month) Aug. (Day) 31. (Year) 1949

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Dec 8 1878

9. AGE last birthday: 70 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sales lady

10b. KIND OF BUSINESS OR INDUSTRY: Ladies Wear

11. BIRTHPLACE (State or foreign country): Kent Co Md.

12. CITIZEN OF WHAT COUNTRY?: U.S.A

13. FATHER'S NAME: John Barwick

14. MOTHER'S MAIDEN NAME: Elizabeth Rose

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: *****

17. INFORMANT: Margaret Crothers Daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Obstruction	Immediate
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Gall Bladder Disease	Many years
	(c) Acute Arthitis	Several Months

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): None m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 21. 49, 19..., to Aug 31. 49, 19..., that I last saw the deceased alive on Aug 31. 49, 19..., and that death occurred at 5 P M m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Frank Hines, M.D. Frank Hines M.D. | ADDRESS: Chestertown Md | DATE SIGNED: Sept. 1. 49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Sept. 2 1949 | NAME OF CEMETERY OR CREMATORY: Chester | LOCATION (City, town, or county) (State): Chestertown Maryland

DATE REC'D BY LOCAL REG.: Sept. 2-1949 | REGISTRAR'S SIGNATURE: Clara L. Barnes. | 24. FUNERAL DIRECTOR: Marvin V. Williams - Chestertown | ADDRESS

VS. A15

RECEIVED
SEP 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07921

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 121 E High

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
STREET ADDRESS (If rural, give location) 121 E. High

3. NAME OF DECEASED (Type or Print): (First) Julian (Middle) (Last) Jones
4. DATE OF DEATH: (Month) August (Day) 17 (Year) 1949
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Aug. 18, 1872
9. AGE last birthday: 76 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Kennedyville Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Wm Jones
14. MOTHER'S MAIDEN NAME: Mary Jane Fidell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no. (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Sydia B. Jones (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Thrombosis — immediate
290.2
Antecedent cause(s)
83b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Macrocytic Anemia — 8 years
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1st, 1949, to Aug 1st, 1949, that I last saw the deceased alive on Aug 1st, 1949, and that death occurred at 12:20 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Frank M Smith — Aug 17 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: Aug. 19, 1949
NAME OF CEMETERY OR ~~CREMATORY~~: Bethel
LOCATION (City, town, or county) (State): Chesapeake City Maryland

DATE REC'D BY LOCAL REG.: Aug. 18-1949
REGISTRAR'S SIGNATURE: Clara L. Barnes.
24. ~~FUNERAL~~ DIRECTOR: Wm. V. Williams — ADDRESS: Chestertown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
AUG 20 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 07922

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 204

1. PLACE OF DEATH COUNTY Kent, Tolchester Estates MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Pa COUNTY Bucks Philadelphia
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tolchester, Chestertown R.R. 2 — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Philadelphia
HOSPITAL OR INSTITUTION OR STREET ADDRESS none	STREET ADDRESS (If rural, give location) 5106 Wayne Ave

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Alford (Last) Kitchin

4. DATE OF DEATH (Month) August (Day) 19 (Year) 1949

5. SEX Male — 6. COLOR OR RACE White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married — 8. DATE OF BIRTH March 9 1868 — 9. AGE last birthday 81 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supt — 10b. KIND OF BUSINESS OR INDUSTRY Post Office, Phila — 11. BIRTHPLACE (State or foreign country) Baltimore City — 12. CITIZEN OF WHAT COUNTRY? N.A.

13. FATHER'S NAME William Kitchin — 14. MOTHER'S MAIDEN NAME Elizabeth Ridge

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If year, give war or dates of service) — 16. SOCIAL SECURITY No. — 17. INFORMANT AND ADDRESS R. C. Kitchin, Chestertown R.R.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Cardio-Vascular Disease — ?

92a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Sclerosis — 16 mo

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Aortic Stenosis — 2

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 6, 1949, to Aug 10, 1949, that I last saw the deceased alive on Aug 10, 1949, and that death occurred at noon m., from the causes and on the date stated above. Aug 19 1949

SIGNATURE Frank W Smith (Degree or title) — ADDRESS Chestertown R.R. — DATE SIGNED Md

23. BURIAL, CREMATION REMOVAL (Specify) — DATE Aug. 23/49 — NAME OF CEMETERY OR CREMATORY Langhorne Bank Cem — LOCATION (City, town, or county) Bucks. Co (State) Pa

DATE REC'D BY LOCAL REG. Aug 19/49 — REGISTRAR'S SIGNATURE F. W. Smith — 24. FUNERAL DIRECTOR J. Willis Wells — ADDRESS Chestertown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 29 1949
BUREAU V. A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07923

Reg. Dist. No. 280

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Galt
LENGTH OF STAY (in this place) 30 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Galt
STREET ADDRESS (If rural, give location) Rural.

3. NAME OF DECEASED (Type or Print): (First) Stephen (Middle) J. (Last) McNeil
4. DATE OF DEATH: (Month) 8 (Day) 8 (Year) 1949
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Oct 21 1869
9. AGE last birthday: 79 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gen'l
10b. KIND OF BUSINESS OR INDUSTRY: in Banks
11. BIRTHPLACE (State or foreign country): Del.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Thomas McNeil
14. MOTHER'S MAIDEN NAME: No Record
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs Pena E. McNeil Galt Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypertensive Cardio Vascular Disease — ?

443 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Embolism — 10 days

93d (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Aug., 1949, to 8 Aug., 1949, that I last saw the deceased alive on Aug 8, 1949, and that death occurred at 9.30 A m., from the causes and on the date stated above.

SIGNATURE Richard W Conaway (Degree or title) ADDRESS Clayton Del DATE SIGNED 9 Aug 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE 8/10/49 | NAME OF CEMETERY OR CREMATORY Townsend cemetery | LOCATION (City, town, or county) Townsend (State) Del

DATE REC'D BY LOCAL REG. Aug 9 1949 | REGISTRAR'S SIGNATURE Alvard S Tilghman | 24. FUNERAL DIRECTOR C. Lester Daniels | ADDRESS Middletown Del.

VS. A15

RECEIVED
AUG 13 1949
BUREAU V. S.

07924

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2-C3

1. PLACE OF DEATH COUNTY Kent - Edesville MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Edesville COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall — LENGTH OF STAY (in this place) life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall RR —
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) Gertrude (Middle) (Last) Perkins

4. DATE OF DEATH (Month) August (Day) 18 (Year) 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Female	Col	widow	Aug 18 1884	65 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housework		Kent Co. Md	Nil

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Boyer	Hannah Dilgleman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
		Melvina Weeks

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Right side Hemiplegia	3 hrs
Antecedent cause(s)	(b) Hypertension	3 year
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Left side Hemiplegia	Apr/48

334

83d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr, 1949, to Aug 18, 1949, that I last saw the deceased alive on Aug 18, 1949, and that death occurred at 1 a. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank W Smith		Chestertown Md	Aug. 18/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	Aug 21/49	Edesville	Edesville - Rock Hall RR

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/18/49	S. Elwood Bergen	Lewis A. Henry, Centreville Md	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

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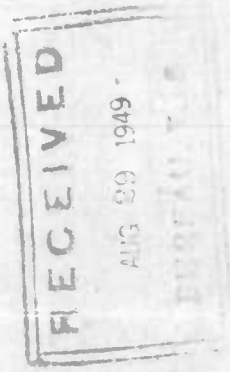
RECEIVED
AUG 29 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07925

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH
COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Chestertown
LENGTH OF STAY (in this place) 44 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Chestertown
STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Elmer	Marshall	Starr	Aug.	28	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	white	married	Jan. 3, 1898	51 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter	Building	Penna.	USA

13. FATHER'S NAME: Thomas Starr

14. MOTHER'S MAIDEN NAME: Rachel Hattie ~~Starr~~ Mellott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	213-18-5827	Mrs. Elmer Starr Chestertown Md. R.F.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Intracranial Pressure	4 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Glioma of Right Hemisphere	2 yrs.
	(c)	

193
54a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Jan. 1948	Glioma in right Hemisphere	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Sept., 1947, to Aug. 28, 1949, that I last saw the deceased alive on Aug. 28th, 1949, and that death occurred at 12:15 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. Hutton Barnes	M.D.	Chestertown Md	8-28-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug. 30, 1949	Chester Cem.	Chestertown, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug. 29. 1949.	Clara L. Barnes.	J. Willis Wells-	Chestertown, Md.

RECEIVED
AUG 31 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07926

CERTIFICATE OF DEATH

Reg. Dist. No. 200

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Kent Co — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md — COUNTY: Kent Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Galt — LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Galt Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: ✓	STREET ADDRESS (If rural, give location): ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
George	M.	Vansant	Aug	31	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	July 1 1871	78 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ret. Farmer	Farm.	Md.	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joshua Van Sant	Sarah Pennell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO		✓	Marion Van Sant

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
442 Immediate cause	(a) Cerebral Thrombosis	8 Days
Antecedent cause(s)		
131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Senile Cardio Vascular Renal Disease	10 years
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Hypertrophied Prostate	?

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Aug 9, 1949, to 31 Aug, 1949, that I last saw the deceased alive on 29 Aug, 1949, and that death occurred at 8 30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Richard W Conaway M.D. — ADDRESS: D.S.T. Clayton Del. — DATE SIGNED: 31 Aug 1949

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept 2-1949	Crumpton	Crumpton Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept. 2 1949	Edward Fellows	Edgar L Jane	Church Hill Md.

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SEP 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07927

Reg. Dist. No. 203

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Kent. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall. | LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall Md
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Franklin (Last) Wheatley

4. DATE OF DEATH: (Month) August (Day) 28 (Year) 1949

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify): Married | 8. DATE OF BIRTH: August 31-1874 | 9. AGE last birthday: 74 yrs. | If under 1 year: Months 12 Days 27 | If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Butcher | 10b. KIND OF BUSINESS OR INDUSTRY: Store | 11. BIRTHPLACE (State or foreign country): Chestertown Md | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Isaac Wheatley | 14. MOTHER'S MAIDEN NAME: Elizabeth Conger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no | 16. SOCIAL SECURITY NO. | 17. INFORMANT: Mrs Isaac Wheatley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardio Vascular Hypertension	5 mo
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 932	(b) Arteriosclerosis	3 yrs
	(c) Myocardial Infarction	3 mo.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION — | 19b. MAJOR FINDINGS OF OPERATION — | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — | (CITY OR TOWN) — (COUNTY) — (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) — m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Feb. 1949, to Aug 28, 1949, that I last saw the deceased alive on Aug 28, 1949, and that death occurred at 8:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Isaac Wheatley | Chestertown | Aug 28/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 8/30/49. | NAME OF CEMETERY OR CREMATORY Chester | LOCATION (City, town, or county) (State) Chestertown Kent Md.

DATE REC'D BY LOCAL REG. 8/29/49 | REGISTRAR'S SIGNATURE D Elwood Bowers | 24. FUNERAL DIRECTOR AND ADDRESS Edgar L. Lane Church Hill Md.

RECEIVED
SEP 2 1949
BUREAU V. S.